# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001446

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 90 STATE FILE NUMBER

FILED JAN 21 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

1
2 7005
3
4 1
5 1
6
7 0
8 1
9 1631
10
11
12 640
13

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in Tb: 1 Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Research Hosp.
Inside Limits: Yes ☒ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Jackson
c. CITY OR TOWN: Independence
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4123 So Spring
Reside on Farm: Yes ☐ No ☒

**3. NAME OF DECEASED** (Type or print): First DOROTHY Middle SUE Last BENEFIEL

**4. DATE OF DEATH**: Month 1/5/63 Day Year

**5. SEX**: Fem

**6. COLOR OR RACE**: White

**7. Married** ☒ Never Married ☐ Widowed ☐ Divorced ☐

**8. DATE OF BIRTH**: 1/18/1929

**9. AGE** (last birthday): 33
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Typist Clerk

**10b. KIND OF BUSINESS OR INDUSTRY**: Vendo Co.

**11. BIRTHPLACE** (City and state or country): Kansas City, Mo

**12. CITIZEN OF WHAT COUNTRY**: U S A

**13a. FATHER'S NAME**: Howars Colley

**13b. MOTHER'S MAIDEN NAME**: Roxie Jone s

**14. NAME OF HUSBAND OR WIFE**: Zane Benefiel

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of servi): no

**16. SOCIAL SECURITY NO.**

**17. INFORMANT** Address: Zane Benefiel 4123 So Spring, Independenc

**18. CAUSE OF DEATH** (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Squamous cell carcinoma of left lungwith generalized metastases.,
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 7 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

**19. WAS AUTOPSY PERFORMED?** YES ☒ NO ☐

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

MEDICAL CERTIFICATION

**21.** I attended the deceased from 1-10-50 to 1-5-63 and last saw her him alive on 1-5-63
Death occurred at 2:25 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Ralph Perry M.D.

**22b. ADDRESS**: 6400 Prospect, Suite 300 Kansas City 32, Missouri

**22c. DATE SIGNED**: Jan. 7, 1963

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**23b. DATE**: 1/8/63

**23c. NAME OF CEMETERY OR CREMATORY**: Floral Hills

**23d. LOCATION** (City, town, or county) (State): Kansas City, Mo

**24. FUNERAL DIRECTOR** ADDRESS: Sh Sheil Colonial F. Home 11924 E 47

**25. DATE RECD. BY LOCAL REG.**: 1-8-63

**26. REGISTRAR'S SIGNATURE**: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ralph Perry
6400 Prospect After 12.30

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John P Stutt

Licensed Embalmer No. 3655

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.